

UNITED STATES SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURTIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number 3235-0076 Expires: May 31, 2005

OMB APPROVAL

Estimated average burden hours per response ... 16.00



Name of Oriening (Circle it this is at	amenament and name	. mas changed,	and mercate	change.)	
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ R	ule 505 🔯 1	Rule 506	Section 4(6)	ULOE
Type of Filing: New Filing Amer	idment				
	A. BASIC IDE	ENTIFICATI	ON DATA		
1. Enter the information requested about the i					
Name of Issuer (check if this is an amendm	ent and name has changed	d, and indicate c	hange.)		
Prosperity Capital, LLC					
Address of Executive Offices	(Number and Street, C	City, State, Zi	Code)		Number (Including Area Code)
9799 Old St. Augustine Road, Jackson	/ille, FL 32257			(904) 262	-0491
Address of Principal Business Operations	(Number and Street, O	City, State, Zij	Code)	Telephone	Number (Including Area Code)
(if different from Executive Offices)					
Brief Description of Business Making and p	ourchasing first and	l second mo	rtgage loar	ns to and from	entities controlled by the
manager					000
					PROCESSED
					- JEGULD
Type of Business Organization					OCT 2 5 2000
☐ corporation ☐ limited pa	rtnership, already forme	ed	🛛 oth	er (please specif	,
☐ business trust ☐ limited pa	rtnership, to be formed				THOMSON
	Мо	nth	Year		FINANCIAL
Actual or Estimated Date of Incorporation or C	Organization: 0	2	06		☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S.	Postal Service	abbreviation	for State.	
	CN for Canada; FN f	for other foreig	gn jurisdiction	n)	FL

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee. There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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SEC 1972 (6-02)

ACN/Form D @ 1998-2004: Advisor Consultant Network, Inc.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
 Each promoter of the issuer, if the issuer has been organized within the past five years; 	
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more securities of the issuer; 	e of a class of equity
• Each executive officer and director of corporate issuers and of corporate general and managing partners of pa	rtnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐	General and/or Managing Partner
Full Name (Last name first, if individual) LeGrand, Ronald F.	
Business or Residence Address (Number and Street, City, State, Zip Code) 9799 Old St. Augustine Road, Jacksonville, FL 32257	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐	General and/or Managing Partner
Full Name (Last name first, if individual) Dilley, David L.	
Business or Residence Address (Number and Street, City, State, Zip Code) 7113 W. 135 th Street, Suite 250, Overland Park, KS 66223	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐	General and/or Managing Partner
Full Name (Last name first, if individual) Michiana Center	
Business or Residence Address (Number and Street, City, State, Zip Code) 68322 Channal Parkway, Edwardsberg, MI 49112	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	,
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	 -

•				B.	INFORMA	TION AE	OUT OF	FERING				
						•				,		es No
1. Has th	ne issuer so	ld, or does	the issuer i	ntend to se	ll, to non-ac	credited in	rvestors in	this offerin	g?			
			Ansv	ver also in .	Appendix, (Column 2,	if filing un	der ULOE.				
2. What i	s the minin	num invest	ment that w	ill be acce	pted from a	ny individ	ual?				\$	100000
											Y	es No
3. Does	3. Does the offering permit joint ownership of a single unit?											
comm If a p state	nission or s erson to be or states, li	imilar reme listed is a state of the state o	uested for e uneration for an associate e of the bro you may se	or solicitati d person o ker or deal	on of purch r agent of a er. If more	asers in co a broker or e than five	onnection v dealer reg (5) perso	vith sales o gistered wit ons to be lis	f securities h the SEC	in the offe and / or w	ring. ith a	
Full Name	(Last name	e first, if in	dividual)									
Business o	r Residence	e Address	(Number an	d Street, C	ity, State, Z	ip Code)			<u> </u>			
Name of A	ssociated I	Broker or I	Dealer			•						
States in W	hich Perso	n Listed H	las Solicited	l or Intends	to Solicit F	urchasers						
(Check	"All State	s" or check	individual	States)							. 🗆 Ali	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL]	[GA]	[HI]	[1D]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[[1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	e first, if in	dividual)							·		
Business o	Business or Residence Address (Number and Street, City, State, Zip Code)											
Name of A	ssociated E	Broker or I	Dealer									
States in W	hich Perso	n Listed H	las Solicited	or Intends	to Solicit F	urchasers						
(Check	"All State	s" or check	individual	States)							. 🔲 Ali	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	e first, if in	dividual)			-						
Business o	r Residence	e Address	(Number an	d Street, C	ity, State, Z	ip Code)						
Name of A	ssociated I	Broker or E	Dealer		-							
States in W	hich Perso	n Listed H	as Solicited	or Intends	to Solicit F	urchasers				<u> </u>		
(Check	"All State:	s" or check	individual	States)							. 🗆 All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
IRI 1	[SC]	ISDI	ITNI	IXTI	TUT 1	IVTI	[VA]	[WA]	IWV1	IWII	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 3 of 8

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify LLC membership interests)	\$ 3,325,030	\$ 3,325,030
	Total	\$	\$
	Answer also in appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	Number Investors 14	Aggregate Dollar Amount of Purchases \$ 2,425,030
	Non-accredited Investors	9	\$ 900,000
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.	•	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Dallas Assessed
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fee		\$
	Printing and Engraving Costs	. 🗆	\$
	Legal Fees		\$ 10,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales commissions (specify finders' fees separately)	. \square	\$
	Other Expenses (identify)		\$
	Total	∇	¢ 40,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENSES	AND USE	OF PROCEED:	S	
	b. Enter the difference between the aggregate off and total expenses furnished in response to Part gross proceeds to the issuer."	C - Question 4.a. This difference is the			\$	3,315,030
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The to gross proceeds to the issuer set forth in response t	any purpose is not known, furnish an es stal of the payments listed must equal th	timate and			
	gross proceeds to the issuer set forth in response t	or are question 4.5 above.		Payments to		
				Officers,		. 73
				Directors, & Affiliates		ments To Others
	Salaries and fees			\$	□ <u>\$</u>	
	Purchase of real estate			\$	□ <u>\$</u>	
	Purchase, rental or leasing and installation of ma		\$			
	Construction or leasing of plant buildings and fa	cilities		<u> </u>		
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass	sets or securities of another issuer		_		
	pursuant to a merger)		_	\$		
	Repayment of indebtedness			\$	□ <u>\$</u>	
	Working capital			\$	<u>\$</u>	
	Other (specify): first and second mortg	ages to affiliates of the	🛛	\$ 3,315,030	□ <u>\$</u>	
	Company's manager			di.		
			Ш_	\$	□ <u></u> \$	
	Column Totals		⊠ _	\$ 3,315,030	<u>\$</u>	
	Total Payments Listed (column totals added).			⊠ \$ <u>3,3</u>	15,030	
		D. FEDERAL SIGNATURE				
fo	ne issuer has duly caused this notice to be signed llowing signature constitutes an undertaking by the staff, the information furnished by the issuer to an	issuer to furnish to the U.S. Securities at	nd Exchange	Commission, u	under Ru pon written	le 505, the request of
ls	suer (Print or Type)	Signature / /n	$\overline{}$	Date	/	
P	rosperity Capital, LLC	Kim de hand		10/4/	06	
N	ame of Signer (Print or Type)	Title of Signer (Print or Type)				
R	onald F. LeGrand	Manager				
			-			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

`	E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 present of such rule?		No ⊠	
S	ce Appendix, Column 5, for state response.		
2. The undersigned issuer hereby undertakes to furn D (17 CFR 239.500) at such times as required by		ich this notice is filed, a notice	on Form
3. The undersigned issuer hereby undertakes to furn to offerees.	ish to the state administrators, upon written req	uest, information furnished by	the issuer
4. The undersigned issuer represents that the issue Limited Offering Exemption (ULOE) of the state this exemption has the burden of establishing that	in which this notice is filed and understands the		
The issuer has read this notification and knows the undersigned duly authorized person:	e contents to be true and has duly caused this	notice to be signed on its bel	alf by the
Issuer (Print or Type)	Signature	Date	2122112112
Prosperity Capital, LLC	For to Share	- 10/4/06	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		

Manager

Instruction:

Ronald F. LeGrand

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4			5 ification	
	Intond	l to sell	Type of security and aggregate							
	to non-a	ccredited	offering price		Type of investor and					
		s in State -Item 1)	offered in State (Part C-Item1)			rchased in State : C-Item 2)		waiver granted) (Part E-Item 1)		
	(run B		(Fure Citemi)	Number of	(r ur	Number of		(run E		
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No	
AL										
AK			•							
AZ					-					
AR			LLC Units -							
CA	х		\$100/Unit	4	550,030	4	400,000		x	
CO			Same.							
СТ		х	Same	1	150,000				x	
DE										
DC										
FL	х		Same	4	450,000	2	200,000		X	
GA	х		Same			1	100,000		x	
ні										
ID			1					-		
<u>IL</u>			1							
IN							_			
<u>IA</u>			S							
KS		х	Same	1	500,000				х	
KY										
LA				-						
ME	<u> </u>									
MD	<u> </u>								<u> </u>	
MA			Same							
MI		x		2	550,000				X	
MN	<u> </u>									
MS			Same							
МО		х	Jame	1	125,000					

APPENDIX

1	Intend to non-a	to sell ccredited in State	3 Type of security and aggregate offering price offered in State	. Type of investor and amount purchased in State				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)	
		Item 1)	(Part C-Item1)			C-Item 2)	<u>=</u>	(Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No
МТ									
NE									
NV		х	Same	1	100,000				х
NH									
NJ	х		Same			1	100,000		х
NM									
NY									
NC									
ND									
ОН									
ок									
OR									
PA	,								
RI									
SC	·								
SD									
TN									
TX	Х		Same			1	100,000		х
UT							<u></u>		
VT									
VA									
WA					· · · · · · ·				
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PR				9 0					